1905-0121PUS1	
Attorney Docket No.	

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	Corona I	Discharg	e Ionizer				
Fill in Appropriate	the specification of who	ich is attached he following:	ereto. If not attached her	reto, the applicat	ion is identified by the	attorney docket i	number as set
Information -	The enecification	rurae filad am				<u> </u>	as
For Use Without	United States App	olication Number	r				
Specification Attached:	and amended on	use filed on				(if applicable)	and/or
Attached:	International App	vas med on				•	as PCI
	amended on			-		(if ap	plicable)
Insert Priority Information: (if appropriate)	I hereby state tha amended by any amen I acknowledge th Regulations, §1.56. I do not know and	t I have reviewed the duty to disclose the duty the disclose the duty the disclose the duty the disclose the	d and understand the of oabove. The same was ever known in the same was ever known in the same was not in publication in same was not in publication has not been pater try foreign to the Unit yelve months (six month invention has been filed tatives or assigns, exception in the prifits under Title 35, Unit have also identified be on on which priority is considered.	ontents of the abits material to particular or used in the nany country because or on sale in ted or made the ed States of An his for designs) prin any country it as follows. The state of States Code low any foreign laimed:	ove-identified specificatentability as defined United States of Amerefore my or our inverning the United States of Subject of an invento nerica on an application to this application to the United States of an invento to the United States of a States of a States of S	cation, including to d in Title 37, Coc rica before my or or tion thereof or m f America more t r's certificate issu- tion filed by me on, and that no ap	the claims, as de of Federal our invention ore than one han one year ed before the or my legal oplication for a prior to this (s) for patent ficate having
	(Number)	(Country)		(Month/Day	//Year Filed)	☐ Yes	□ No
	(Number)	(Country)		(Month/Day	/Year Filed)	☐ Yes	□ No
	(Number)	(Country)		(Month/Day	/Year Filed)	☐ Yes	□ No
	I hereby claim the bene	fit under Title 35	, United States Code, §1	19(e) of any Uni	ted States provisional	applications(s) lis	ted below.
Insert Provisional Application(s): (if any)	(Application Number)			(Filing D	ate)		
	(Application Number)			(Filing D	ate)		
	All Foreign Application the Filing Date of This	ns, if any, for any Application:	Patent or Inventor's Co			6 Months for Desi	igns) Prior to
Insert Requested Information: (if appropriate)	Country		Application Number		Date of Filing (Mont	h/Day/Year)	
	I hereby claim the bene continuation-in-part ap disclosed in the prior U Code, §112, I acknowl- Federal Regulations, § international filing date	plication(s) listed inited States and, edge the duty to 1.56 which beca	d below and, insofar as /or PCT application in to disclose information w me available between	s the subject ma the manner prov vhich is mate r ial	tter of each of the cla ided by the first parag to the patentability a	aims of this appli graph of Title 35, U as defined in Title	cation is not United States 37 Code of
Insert Prior U.S. Application(s): (if any)	(Application Number)	_=	(Filing Date)		(Status - patented, pe	ending, abandone	d)
Page 1 of 2	(Application Number)		(Filing Date)		(Status - patented, pe	ending, abandone	d)

Atto	rnev	Dack	et No	

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First	CIVENIAL OF FEAR OF ALARM	The state of the s					
Full Name of First or Sole Inventor. Insert Name of Inventor Insert Date This Document is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
Document is Signed	Kazuo OKANO	Lanur Ckan	July 1,200				
Insert Residence Insert Citizenship →	Residence (City, State & Country)	CITI	ZENSHIP (/				
insur Cluzeisiap -	Tokyo, Japan		Japan				
Insert Post Office Address →	MAILING ADDRESS (Complete Street Add	ress including City, State & Country)	_ ,				
	1-11, Minaminaruse 3-chome, Machida-shi, Tokyo						
Full Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
Inventor, if any: see above	·		5.112				
	Residence (City, State & Country)		ZENSHIP				
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	MAILING ADDRESS (Complete Street Add	ross including City State & Country					
	William (Complete Street Add	ress including City, State & Country)					
Full Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
see above							
	Residence (City, State & Country)	CITI	ZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
ull Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
Inventor, if any: see above							
	Residence (City, State & Country)	CITI	ZENSHIP				
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ull Name of Fifth							
Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	CITIZ	ZENSHIP				
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ull Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
see above							
	Residence (City, State & Country)	CITIZ	ZENSHIP				
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*DATE OF SIGNATURE